

L15000152772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800276983668

09/15/15--01001--002 \*\*155.00

RECEIVED  
DEPARTMENT OF REVENUE  
15 SEP 14 PM 3:34  
TO ADDRESS  
SUPERVISOR OF FINES

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 14 PM 3:49

SEP 14 2015  
T SCHROEDER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

9-14-15

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1. Asterace Group LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I.**

The name of the Limited Liability Company is:

**ASTERACE GROUP LLC**

## **ARTICLE II.**

The address and street address of the principal office of the Limited Liability Company is:

4685 NW 115 WAY

SUNRISE FL 33323

The mailing address of the Limited Liability Company is:

4685 NW 115 WAY

SUNRISE FL 33323

## **ARTICLE III.**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## **ARTICLE IV.**

The name and the Florida street address of the registered agent are:

SABRINA MACHADO -CHIN

4685 NW 115 WAY

SUNRISE FL 33323

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 14 PM 3:50

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Machado-Chin

Registered Agent's Signature

9/10/15

Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

SABRINA MACHADO-CHIN

4685 NW 115 WAY

SUNRISE FL 33323

Machado-Chin

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 14 PM 3:50

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

Symachalo - Chin 9/10/15

*Signature of a member or an authorized representative of a member.*

SABRINA MICHAEL - CHIN 9/10/15

*Typed or printed name of signee*

*Date*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 14 PM 3:50